Montana Individual Income Tax Return (Long Form) 2006 Form 2 For the year Jan 1 - Dec 31, 2006 or the tax year beginning\_ ,2005, ending Montana Amended Your first name and initial Last name Deceased Your social security number Return Spouse's first name and initial Last name Deceased |Spouse's social security number Check the box above if this is an amended Home address (number and street) State return. Filing Status Single Married filing separately on separate forms. Spouse's SSN (check only Married filing jointly 3с Married filing separately and spouse not filing. Spouse's SSN one box) 3a Married filing separately on the same form 4 Head of household Residency Status (check only one box) Date of change: State moved to: Resident full year 5b Nonresident full year Resident part-year Column A (for single, Column B (for spouse **Exemptions** joint, separate, or when filing separately head of household) using filing status 3a) 6a X Yourself..... 65 or older...... Blind..... Enter number checked 6a 6h Spouse..... 65 or older...... Blind..... Enter number checked 6b Last name Relationship Disabled Dependent's first name 6c If additional dependents, see instructions. Add lines 6a thru 6c and enter total 6d Enter amounts corresponding to your federal return. Round to nearest dollar. If no entry, leave blank. 7 Wages, salaries, tips, etc. Attach federal Form(s) W. 7 8a Taxable interest. Attach federal Schedule B if required 8a 8a **b** Tax-exempt interest. Do not include on line 8a. 8b A: 8b 9a Ordinary dividends. Attach federal Schedule B if required. 9a 9a b Qualified dividends......9b A: 10 Taxable refunds, credits, or offsets of state and local income taxes.. 10 10 11 Alimony received..... 11 11 12 Business income or (loss). Attach federal Schedule C or C-EZ NAICS: 12 12 13 Capital gain or (loss). Attach rederal Schedule D if required...... 13 13 14 Other gains or (losses). Attach federal Schedule 4797..... 14 14 15a IRA distributions...... 15a. A: B: Taxable amount... 15b 16a Pensions and annuities.. 16a. A: B: Taxable amount... 16b 17 Rental real estate, royalties, partnerships, S. corporations, trust. Attach federal Sch. E..... 17 18 Farm income or (loss). Attach federal Schedule F..... 18 19 Unemployment compensation..... 19 20a Social security benefits 20a. A: Taxable amount... 20b 20b 21 Other income. List type and amount. 21 22 Add the amounts in the far right columns for lines 7 thru 21. This is your total income..... 22 23 Archer MSA deduction. Attach federal Form 8853..... 23 24 Certain business expenses or reservist, etc. Attach Schedule 2106 or 2106EZ.... 24 25 Health savings account deduction. Attach federal Form 8889..... 25 26 Moving expenses. Attach federal Form 3903..... 26 27 One-half of self-employment tax. Attach federal Schedule SE..... 27 28 Self-employed SEP, SIMPLE, and qualified plans..... 28 29 Self-employed health insurance deduction..... 29 30 Penalty on early withdrawal of savings..... 30 31a Alimony paid....... 31b. Recipient's SSN. A: 31a 32 IRA deduction..... 32 33 Student loan interest deduction..... 33 34 Jury duty pay you gave to your employer..... 34 35 Domestic production activities deduction. Attach federal Form 8903..... 35 **36** Add lines 23 through 31a and 32 through 35 and enter the result here..... 36 37 Subtract line 36 from line 22 and enter result here..... 37 37a Combine amounts on line 37 columns A and B and enter result here. This is your federal adjusted gross income. 37a 38 Enter Montana additions to federal AGI from Form 2, page 3, Schedule I, line 17. Attach Form 2, page 3, Schedule I..... 38 39 Enter Montana subtractions from federal AGI from Form 2, page 4, Schedule II, line 34. Attach Form 2, page 4, Schedule II..... 39 40 Add lines 37 and 38, then subtract line 39. This is your Montana adjusted gross income...... 40

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Form	2 F	Page 2 – 2006 Socia	al Security Nu	ımher					olumn A (for single, joint, separate, or	Column B (for spous when filing separate	
1 01111	۷, ۱	age 2 - 2000 - 30018	ar Occurry 140				<del></del>		ead of household)	using filing status 3	
	41	Montana adjusted gro	ss income fro	om line 40	)		4		odd or rioddoriold,	doing iming otatue of	41
		Deductions					ck only one				
шe	42	(A) Standard Deduction	on			(A)					
ō	-	(B) Itemized Deduction		m 2 Sche	dule III line 32		4	2 🗀			42
٩	43	Subtract line 42 from					L				43
ple	-10	Exemptions (all indiv					······	_			
Taxable Income	44	Multiply \$1,980 by the					ult here 4	4 💳			44
ι <u>υ</u>		Subtract line 44 from		•				`⊢			$\dashv$
	43	zero. This is your ta						5			45
	46	Tax from the tax table						_			46
											46
		1% capital gains tax of						<b>′</b>			- 41
	40	Subtract line 47 from This is your residen									48
Tax	100	Non-resident, part-y						°			- 40
	40a	here the amount from						20			48a
	40	Tax on lump-sum dist									40a 49
		Add lines 48 or 48a a									50
					SOURCE SOURCES, montenest		, and a contract of the contra	_			
ts	51	Nonrefundable single	-year credits	IIOIII FOII	2. Schedule V, III	1e 13	5				51
Credits	52	Nonrefundable carryo	ver creats in	om Form	z, schedule v, line	26	5	_			52
ວັ	53	Add lines 51 and 52 a	and enter the	result ner	e but do not enter	an amo	ount	_			
		larger than the amour	it on line 50.	inis is y	our total nonreru	ndabie	credits 5				53
Q 10	54	Family education sav	ings account	recapture	tax		<u>5</u>	4			54
Recap Taxes	55	Endowment credit red Rural physician's cred	capture tax			······	5	5			55
Re Ta	56	Rural physician's cred	dit recapture t	tax			5	6			56
		Add lines 54 through						7			57
≥	58	Add lines 50 and 57 a	and then subt	ract from	this total the amou	nt on Iir	ne 53				
Tax Liability		and enter the result h									58
ia i	59	Combine the amounts									
		2006 tax liability									59
S	60	Montana income tax	withheld. Atta	ach federa	al Form(s) W-2 and	1099	6	0			60
g g g	61	2006 estimated tax pa	ayments and	amount a	pplied from your 2	005 retu	urn <b>6</b>	1			61
an	62	2006 extension paym	ents from For	rm EXT-0	6		6	2			62
nts le (	63	Refundable credits fro	om Form 2, S	chedule \	/, line 31		6	3			63
ne tab	64	Add lines 60 through									
Payments and sfundable Credits		payments, and refur	ndable credit	ts			6	4			64
Payments Refundable	65	Combine amounts on	line 64 colun	nns A and	IB. This is your o	ombin	ed paymen	ts ar	nd refundable		
		credits									65
	66	Interest on underpayr	ment of estima	ated taxes	s. (See instructions	and w	orksheet on	page	e ??)		66
n st	67	Late file, late pay pen	alties and into	erest. (Se	e instructions and	worksh	eet on page	??).			67
ere	68	Other penalties. (See	instructions of	on page?	?)						68
ib It	69	Enter in boxes 69a th	rough 69d yo	ur Volunt	ary Check-off Cont	ribution	ıs				
s, ntr		Nongame wildlife	Child at	ouse	Agriculture in	E	nd-stage ren	al	Enter the sum of		
Penalties , Interest and Contribution		program	preven	tion	schools	di	sease <mark>progr</mark> a	<mark>am</mark>	69a through 69d		
na		69a)	69b)		69c)	690	d)		here		69
Pe	70	Add the amounts on I	ine 59, 66, 67	7, 68 and	69 and enter the re	esult he	re. This is	the s	sum of your total		7
		tax, penalties, intere									70
d)	71	If line 70 is more tha	n line 65, en	ter the dif	ference here. This	s is the	amount yo	u ov	e. Make check		
Amount You Owe or Your Refund		payable to MONTANA									
on C		pay by credit card or	E-check						·····		71
۶ <u>«</u>	72	If line 70 is less than	line 65, ente	er the diffe	erence here						72
ξij		Enter the amount on I									73
کر کو		Subtract line 73 from	-								74
A P	• •										1
		If you wish to use dire		iter your F		Jeiow.	See mstruc	ແບກຣ.	<del></del>		
RTN	<u></u>	<u> </u>	ACCT#			<u> </u>			savings		
		ole, check appropriate b	oox. Na	ame, addre	ss and telephone nu	mber of p	paid preparer			ension – Check this b	
		ng gross income								tach a copy of your fe	
Annua	alized	d estimated payments							_  <b></b> <sup>F</sup>	Form 4868 to receive	•
Do no	t mai	il 2007 forms and instruc	tions S	SN, FEIN	or PTIN:					Montana extension	<u> </u>
May th	ne D	OR discuss this return wi	th your tax pre	parer? Y	es No Qu	estions?	Call (406) 44	4-690	00 or TDD (406) 444	I-2830 for hearing imp	aired.
$\overline{X}$							Х				
<u> </u>				D :	D (1					_	
	Ϋ́	our signature is require	ed	Date	Daytime telephor	ie numb	oer	S	pouse's signature	e Da	ate

Form 2, Page 3 – 2006 Social Security Number:

Form 2, Page 3 – 2006 Social Security Number:		I	ı
Schedule I: Montana Additions to Federal Adjusted Gross Income Enter on the corresponding line your additions to federal adjusted gross income. File Schedule I with your Montana Form 2.	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)	
1 Interest and mutual fund dividends from state, county, or municipal bonds			l
from other states			1
2 Dividends not included in federal adjusted gross income			2
3 Taxable federal refunds. Complete Worksheet ?? on page ??			3
4 Other recoveries of amounts deducted in earlier years that reduced			J
Montana taxable income. Complete Worksheet ?? on page ??			4
5 Addition to federal taxable social security/railroad retirement. Complete			, <b>~</b>
Worksheet ?? on page??			5
			J
6 Additions for spouse filing joint federal return.			<b>6</b> -
6a Passive and rental income or loss adjustment			6a
6b Capital loss adjustment			6b
6c IRA deduction adjustment. Complete Worksheet ?? on page ?? 6c			6c
6d Student loan interest adjustment			6d
7 Sole proprietor's allocation of compensation to spouse			7
8 Medical care savings account nonqualified withdrawals			8
9 First-time home buyer savings account nonqualified withdrawals 9			9
10 Farm and ranch risk management account taxable distributions 10			10
11 Addition for dependent care assistance credit adjustment 11			11
12 Addition for smaller federal estate and trust taxable distributions			12
13 Federal net operating loss carryover reported on Form 2, line 21			13
14 Share of federal income taxes paid by your S. corporation			14
15 Title plant depreciation and amortization			15
16 Other additions. Specify:			16
17 Add lines 1 through 16. Enter total here and on Form 2, line 38. This is			l
your total Montana additions to federal adjusted gross income 17			17

#### **For Returns With Payments**

Mail To: Montana Department of Revenue PO. Box 6308 Helena, MT 59604-6308

#### For All Other Returns

Mail To: Montana Department of Revenue PO. Box 6577 Helena, MT 59604-6577 Form 2, Page 4 – 2006 Social Security Number:

Form 2, Page 4 – 2006 Social Security Number:	<b>T</b>	,
Schedule II: Montana Subtractions from Federal Adjusted Gross Income Enter on the corresponding line your subtractions from federal adjusted gross income. File Schedule II with your Montana Form 2.	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
1 Exempt interest and dividends from federal bonds, notes, and obligations 1		
2 Exempt tribal income		
3 Exempt unemployment compensation		
4 Exempt workers' compensation benefits		
5 Exempt capital gains and dividends from small business investment		
companies		
6 State tax refunds included in Montana Form 2, line 10		
7 Recoveries of amounts deducted in earlier years that did not reduce		
Montana income		
8 Exempt military salary of residents on active duty		
9 Exempt income of nonresident military servicepersons and spouses 9		
10 Exempt life-insurance premiums reimbursement for National Guard and Reservist		
11 Partial pension and annuity income exemption Report Tier II Railroad		
Retirement on line 23 below		
Retirement on line 23 below		•
13 Partial retirement disability income exemption for taxpayers under age 65 13		
14 Exemption for certain taxed tips and gratuities		
15 Exemption for certain income of child taxed to parent		
16 Exemption for certain health insurance premiums taxed to employee		
17 Exemption for student loan repayments taxed to health care professional 17		,
18 Exempt medical care savings account deposits and earnings		
19 Exempt first-time home buyer savings account deposits and earnings 19		,
20 Exempt family education savings account deposits and earnings		
21 Exempt farm and ranch risk management account deposits		-
22 Subtraction to federal taxable social security/Tier I Railroad Retirement		
reported on Form 2, line 20b		
23 Subtraction for federal taxable Tier II Railroad Retirement benefits		
reported on Form 2, line 16b		:
24 Subtractions for spouse filing joint federal return.		T
24a Passive loss carryover exclusion		2
24b IRA deduction adjustment		2
24c Capital loss adjustment	;	2
<b>25</b> Subtraction of sole proprietor for allocation of compensation to spouse <b>25</b>		
26 Montana net operating loss carry over from Montana Form NOL,		
Schedule B		
27 40% capital gain exclusion for pre-1987 installment sales		
28 Subtraction for business related expenses for purchasing recycled		
material		
29 Subtraction for sales of land to beginning farmers		2
<b>30</b> Subtraction for larger federal estate and trust taxable distribution		
31 Subtraction for wage deduction reduced by federal targeted jobs credit 31		
<b>32</b> Subtraction for certain gains recognized by liquidating corporation <b>32</b>		
33 Other subtractions. Specify:		
· · · · · · · · · · · · · · · · · · ·		
34 Add lines 1 through 33, enter total here and on Form 2, line 39. This is		] ],
your total Montana subtractions from federal adjusted gross income 34		

Social Security Number:

Enter on the corresponding line your itemized deductions. File Schedule Ill with your (Montana Form 2.  1 Medical and dental expenses		Schedule III: Montana Itemized Deductions		Column A (for single,	Column B (for spouse	
1 Medical and dental expenses						
2 Enter amount from Form 2, line 40				of nousenoid)	using filling status 3a)	
3 Multiply line 2 by .075 (7.5%)	1					
4 Subtract line 3 from line 1 and enter result here but not less than zero. This is your deductible medical and dental expense subject to 7.5% of Montana AGI	2					
deductible medical and dental expense subject to 7.5% of Montana AGI						
5 Medical insurance premiums not deducted elsewhere on your return	4					
6 Long term care insurance premiums not deducted elsewhere on your return					4	4
Complete lines 7a through 7d reporting your total federal income tax payments made in 2006 before completing line 7e. You cannot deduct your self-employment taxes paid on lines 7a through 7d.  7a Federal income tax withheld in 2006	5	Medical insurance premiums not deducted elsewhere on your return	5			5
cannot deduct your self-employment taxes paid on lines 7a through 7d. 7a Federal estimated tax payments paid in 2006. 7b Az: 7c 7d Other back year federal income taxes paid in 2006. 7c Az: 7d Other back year federal income taxes paid in 2006. 7c Az: 7d Other back year federal income taxes paid in 2006. 7d Az:	6	· · · · · · · · · · · · · · · · · · ·			6	6
7a Federal income tax withheld in 2006. 7a   A:			made ir	n 2006 before complet	ting line 7e. You	
7b Federal estimated tax payments paid in 2006. 7c A: B: 7c 7d Other back year federal income taxes paid in 2006. 7c A: B: 7c 7d Other back year federal income taxes paid in 2006. 7c A: B: 7c 7d Other back year federal income taxes paid in 2006. 8c 7d A: B: 7d 7d A: B: 7d 7d Add lines 7a through 7d and enter result here: but notimple than \$5,000 if fourar filling single, married filing separately, or he do it household, or \$10,096 if filing a foint return with your spouse. This is your federal neome tax deduction. 7c 7d 7d 8 Local income taxes paid in 2006. 8c 9d						
2006. To 2005 federal income taxes paid in 2006. To A: 76 Other back year federal income taxes paid in 2006. B: 77 Ad Other back year federal income taxes paid in 2006. B: 78 Add lines 7a through 7d and enter result here but include the state of the st	7a	Federal income tax withheld in 2006 7a A: B:	7a			
7c 2005 federal income taxes paid in 2006. 7c A. B. B. 7c A. A. B. B. 8c A. B. B. 8c A. B. B. B. 9c A. B. P. C. B. P.	7b					
7d Other back year federal income taxes paid in 2006	_		7b			
paid in 2006. — 7d   Az   Bz   Feb			7c			
7e Add lines 7a through 7d and enter result here but bet upfer than \$5,000 if you at filling single, married filling separately, or he add is havehold, or \$10,000 thing a joint return with your spouse. This is your federal neome tax deduction.       7e       8       0.00       1e	7d					
filing single, married filing separately, or heaf of I haushfold, or \$10.096 timps a ent return with your spouse. This is your refear al frome tax deduction.  7			50 S00 500 50			
Return with your spouse. In its is your rectar ancome tax decardent	7e	Add lines 7a through 7d and enter result here, but not more than \$5,000 if you are				
8 Real estate taxes paid in 2006. See instruction on page ?		filing single, married filing separately, or head of household, or \$10,000 if filing a y	oint		T	
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
10   Personal property taxes paid in 2006.	8					
11 Other deductible taxes. List type and amount						
12   Home mortgage interest and points reported to you on federal Form 1098			10		1	0
13 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the house provide name, SSN, and address.  13 13 14 Points not reported to you on federal Form 1098					1	1
13   13   14   Points not reported to you on federal Form 1098			12		1:	2
14   Points not reported to you on federal Form 1098	13					
15   Investment interest, Attach federal Form 4952		person from whom you bought the house, provide name, SSN, and address.	13		1:	3
15   Investment interest, Attach federal Form 4952						
16 Contributions made by cash or check during 2006	14	Points not reported to you on federal Form 1098	14		1	4
16 Contributions made by cash or check during 2006	15	Investment interest, Attach federal Form 4952	15		1:	5
17 Contributions made other than by cash or check	16	Contributions made by cash or check during 2006.	16		1	6
18 Contribution carryover from the prior year						
19 Child and dependent care expenses. Attach Montana Form 2441M		·				
20 Casualty and theft loss(es). Attach federal Form 4684						
21 Unreimbursed employee business expenses. Attach federal Form 2106 or 2106EZ		·				
expenses. Attach federal Form 2106 or 2106EZ						.0
21 A: B: 21  22 Other expenses. List type and amount:  23 Add lines 21 and 22						
22 A: B: 22 23 Add lines 21 and 22			21			
22 A: B: 22 23 Add lines 21 and 22	22					
23 Add lines 21 and 22			22			
24 Enter the amount on Form 2, line 40	23					
25 Multiply line 24 by .02 (2%)						
26 Subtract line 25 from line 23 and enter the result here, but not less than zero						
27 Political contributions (limited to \$100 per taxpayer)					2	26
28 Cother miscellaneous deductions not subject to 2% of Montana AGI. List type and amount:  28 28  29 Gambling losses allowed under federal law					_	
and amount:  28 29 Gambling losses allowed under federal law					-	•
29 Gambling losses allowed under federal law			28		2	28
30 Add lines 4 through 6; 7e through 20; and 26 through 29 and enter result here	29					
here		· · ·	23		-	
If the amount on Form 2, line 40 is more than \$150,500, or more than \$75,250 if married filing separately, your deductions may be limited. Complete the itemized deduction Worksheet VI on page ?? of the Form 2 instruction booklet and then continue to line 31; otherwise, go to line 32 below.  31 Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your non-allowed itemized deductions	30		30		2	٤n
married filing separately, your deductions may be limited. Complete the itemized deduction Worksheet VI on page ?? of the Form 2 instruction booklet and then continue to line 31; otherwise, go to line 32 below.  31 Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your non-allowed itemized deductions			50		<u> </u>	
deduction Worksheet VI on page ?? of the Form 2 instruction booklet and then continue to line 31; otherwise, go to line 32 below.  31 Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your non-allowed itemized deductions						
continue to line 31; otherwise, go to line 32 below.  31 Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your non-allowed itemized deductions						
31 Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your non-allowed itemized deductions						
amount of your non-allowed itemized deductions	31	-				
32 Subtract line 31 from line 30 and enter the result here and on Form 2, line 42.	31		31			₹1
	33	•	31		<del>                                     </del>	, 1
	32		32		,	12

Form 2, Page 6 - 2006 Social Security Number:

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Schedule IV: Non-resident/Part-year Resident Tax File Schedule IV with your Montana Form 2.	Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)
Enter on lines 1 through 15 your Montana source income that is included in		
Montana adjusted gross income on Form 2, lines 7 through 21 and line 38.		
1 Montana wages, salaries, tips, etc. included on Form 2, line 7	1	
2 Montana taxable interest included on Form 2, line 8a	2	
3 Montana ordinary dividends included on Form 2, line 9a	3	
4 Montana taxable refunds, credits, or offsets of state and local income taxes		
included on Form 2, line 10	4	
5 Montana alimony received included on Form 2, line 11	5	
6 Business income or (loss) included on Form 2, line 12	6	
7 Capital gain or (loss) included on Form 2, line 13		
8 Other gains or (losses) included on Form 2, line 14		
9 Taxable IRA distribution included on Form 2, line 15b	9	
10 Taxable pension and annuities included on Form 2, line 16b		
11 Rental real estate, royalties, partnerships, S. corporations, trust, etc. included		
	11	
on Form 2, line 17		
13 Taxable social security benefits included on Form 2, line 20b 1	13	
	14	
15 Montana source additions to income reported on Form 2, Schedule I		
16 Add lines 1 through 15 and enter result here. This is your Montana source		
income 1	16	
A103'		
17 Add your total federal income from Form 2, line 22 and your Montana		
additions to federal adjusted gross income from line 38 and enter the result		
here. (If you are a non-resident military service person and spouse, skip		
line 17 and go to line 18). This is your total income from all sources.	_	
Skip line 18 and go to line 19)	7	
18 Non-resident military service persons and spouses only: Add from		
Form 2, lines 22 and 38, then subtract from this sum your exempt income		
reported on Form 2, Schedule II, line 9 and enter the result here. This is		
your total income from all sources	8	
<b>19</b> Divide the amount on line 16 by the amount on line 17 (line 18 if you are a		
non-resident military service person and spouse) and enter the result here.		
Carry to 4 decimal places and do not enter more than 1.0000		
20 Enter your resident tax after capital gains tax credit from Form 2, line 48 20	0	
21 Multiply the tax on line 20 by the percentage on line 19 and enter the result		
here and on Form 2, line 48a. This is your non-resident, part-year		
resident tax after capital gains tax credit	1	

### How do I determine what qualifies as my Montana source income when I am a non-resident of Montana?

In general, as a non-resident of Montana your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

## How do I determine my Montana source income when I am a part-year resident of Montana?

As a part-year resident you are considered a resident for part of the year and a non-resident for the other part of the year.

In general, for the part of the year that you are a non-resident your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

For the part of the year that you are a resident, all of your income that you receive, no matter where you earn it, is Montana source income.

# Where can I find further information on what is my Montana source income?

For further information and a line by line description of what Montana source income is, refer to pages ?? through ?? of the instruction booklet for Form 2, Schedule I.

Schedule V: Montana Tax Credits  Enter on the corresponding line your Montana tax credits.  File Schedule V with your Montana Form 2.	Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)
Nonrefundable credits that are single-year credits and HAVE NO carryover provision		
1 Credit for an income tax liability paid to another state or country from Form 2, Schedules VI, line 10 or VII, line 10		1
2 College contribution credit. Attach Form CC		2
3 Qualified endowment credit. Attach Form QEC		3
4 Energy conservation installation credit. Attach Form ENRG-C		4
5 Alternative fuel credit. Attach Form AFCR		5
6 Rural physician's credit		6
7 Health insurance for uninsured Montanans credit. Attach Form HI		7
8 Elderly care credit Attach Form ECC 8		8
<ul><li>8 Elderly care credit. Attach Form ECC</li></ul>		9
10 Recycle credit. Attach Form RCYL		10
11 Oil seed crushing and biodiesel production facility credit. Attach Form OSC		11
12 Biodiesel blending and storage tank credit and attach Form BBSC		12
13 Add lines 1 through 12 and enter result here and on Form 2, line 51. This is your		12
total nonrefundable single-year credits	ş	13
Nonrefundable credits that <b>HAVE</b> a carryover prevision		10
14 Contractor's gross receipts tax credit		14
15 Geothermal systems credit. Attach Form FNRG-A		15
15 Geothermal systems credit. Attach Form ENRG-A		16
17 Alternative energy production credit. Attach Form AFPC		17
18 Dependent care assistance credit. Attach Form DCAC	1	18
19 Historic property preservation credit. Attach federal Form 3468		19
20 Montana capital company credit		20
21 Infrastructure user's fee credit		21
22 Empowerment zone credit		22
23 Increasing research activities credit. Attach Form RSCH		23
24 Mineral exploration incentive credit. Attach Form MINE-CRED		24
25 Film employment production credit. Attach Form FPC. Report your credit on this		
line if you have made the one-time four year carry forward election		25
26 Add lines 14 through 25 and enter result here and on Form 2, line 52. This is		
your total nonrefundable carryover credits	;	26
Refundable credits		
27 Elderly homeowner/renter credit. Attach Form 2EC	,	27
28 Film employment production credit. Attach Form FPC		28
29 Film qualified expenditure credit. Attach Form FPC		29
30 Insure Montana small business health insurance credit-Company's EIN 30		30
31 Add lines 27 through 30 and enter result here and on Form 2, line 63. This is		
your total refundable credits		31

#### **MONTANA TAX CREDITS**

We have listed the 27 Montana tax credits available to you under three categories. With the exception to the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2, line 47 for the capital gains tax credit) you are not required to apply any of these 27 tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credits can be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credits that were not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

**Instructions:** You may claim a credit for an income tax liability paid to another state or country by yourself, your S. corporation or your partnership. If you claim this credit for an income tax paid by your S. corporation or partnership, you will need to include as an addition to federal adjusted gross income on Form 2, Schedule I, line 16 your share of the S. corporation's or partnership's deduction for income tax paid, whether separately or non-separately stated on your federal K-1.

**NEW FOR TAX YEAR 2006:** You are not entitled to a Montana tax credit for taxes paid to a foreign country if you claimed these foreign taxes paid as a foreign tax credit on your federal income tax return.

- Your credit is limited to an income tax liability paid on income that is also taxed by Montana.
- Your income taxes paid include excise taxes or franchise taxes that are imposed on and measured by the net income of your S. corporation or partnership.
- This is a nonrefundable credit and cannot reduce your Montana tax liability below zero.
- This is a nonrefundable single year credit. No unused credit amount can be carried forward.
- You will need to complete a separate Schedule VI or VII for each state or country that you have paid an income tax liability to. You can not combine payments on one schedule.
- If you are a part-year resident, you have to allocate your income using Form 2, Schedule IV before completing Form 2, Schedule VII.

Schedule VI: Credit for an Income Tax Liability Pa Country. Full-year resident on	d to Another State of	r	Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)	
Enter your income taxable to another state or country that adjusted gross income on Form 2, line 40. Where applical share of income taxes paid that were claimed as a deducti corporation or partnership	ole, this includes your on by your S.	1			1
income tax paid to that state or country. Include in this total from Montana income tax that was subject to tax in the other.	al all income exempt er state or country	2			2
3 Enter your total Montana adjusted gross income from Form applicable, this includes your share of income taxes paid the deduction by your S. corporation or partnership	nat are claimed as a	3			3
4 Enter your total income tax liability paid to the other state of Enter your Montana tax liability from Form 2, line 48	or country	4			4 5
6 Divide line 1 by line 2. Enter the percentage here, but not					6
7 Multiply line 4 by line 6 and enter the result here					7
8 Divide line 1 by line 3. Enter the percentage here, but not					8
9 Multiply line 5 by line 8 and enter the result here					9
10 Enter here and on Form 2, Schedule V, line 1, the smaller on lines 4, 7, or 9 above. This is your credit for an incomparison of the control of the contro	ne tax paid to another				
state or country		10			10
Schedule VII: Credit for an Income Tax Liability Pa Country. Part-year resident on	id to Another State o		Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)	10
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Form 2, Page 9 - 2006 Social Security Number:

Schedule VIII: Reporting of Special Transactions File Schedule VIII with your Montana Form 2	Transaction	
Complete Schedule VIII only if you and/or your spouse filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1040.	Check "yes" if you are required to file any of the following forms with the Internal Revenue Service.	
I filed federal Form 8264 – Application for Registration of a Tax Shelter with the Internal Revenue Service.  Form 8264 is required to be filed to register a tax shelter.	1 YES	
2 I filed federal Form 8271 – Investor Reporting of Tax Shelter Registration Number with the Internal Revenue Service.  Form 8271 is used to report the tax shelter registration number that the Internal Revenue Service assigns to certain tax shelters required to be registered under 26 USC 6111 and to report the name and identifying number of the tax shelter.	2 YES	
3 I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service.  NOTE: Check "yes" if your like-kind exchange includes Montana property. Non-residents do not have to report a like-kind exchange if the properties involved do not include Montana property.  Form 8824 is used to report each exchange of business or investment property for property of a like kind.	3 YES	
4 I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.  Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).	4 YES	
I am required to file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.  Form 8886 is used to disclose information for each reportable transaction in which you participated.	5 YES	
6 I filed federal Form 13656 – Notice of Election by Executive and Related Person to Participate in Announcement 2005-19 Settlement Initiative with the Internal Revenue Service.  Form 13656 is an election to participate in the settlement initiative as described in Announcement 2005-19 and as contained in Internal Revenue Bulletin 2005-11 dated March 14, 2005.	6 YES	
I filed federal Form 13750 – Election to Participate in Announcement 2005-80 Settlement Initiative with the Internal Revenue Service. Form 13750 is an election to participate in the settlement initiative as described in Announcement 2005-80 and as contained in Internal Revenue Bulletin 2005-46 dated November 14, 2005.	7 YES	